

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

Motion to Defer, Reduce, or Waive
Supervision Fees

Must Be Filed With: Criminal Motions Unit Room 206 Criminal Justice Center 1301 Filbert Street Philadelphia, PA 19107	<div style="border: 1px solid black; height: 40px;"></div>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">PID/SID</td> <td style="width: 50%; padding: 2px;">PHONE NUMBER</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	PID/SID	PHONE NUMBER		
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CRIMINAL CASE CAPTION Commonwealth v.	CPCMS CASE NUMBER <div style="border: 1px solid black; display: inline-block; padding: 2px;"> -51-CR- - </div>
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DEFENDANT'S CURRENT ADDRESS

MOTION

- 1) On _____ the defendant was placed on probation in the above-case, to be supervised for a maximum term of _____ months, beginning on _____ . A supervision fee in the sum of \$25 per month was ordered.
- 2)The Defendant is/was also supervised in the following cases during the same period identified above:
_____.
- 3) The Defendant has paid \$ _____ in supervision fees, and as of _____ owes \$ _____.
- 4) The Defendant has paid \$ _____ in fees, fines, costs and restitution and as of _____ owes \$ _____
- 5) Defendant requests the Court to defer, reduce, or waive supervision fees for the following reason(s),
(Check the basis for your request and attach relevant information)
 - a. the Defendant is 62 years of age or older with no income.
 - b. The Defendant is receiving public assistance in the sum of \$ _____. The *Award Letter* is attached;
 - c. The Defendant is enrolled as a full-time student for 12 semester hours in an educational institution approved by the United States Department of Education Proof of enrollment attached;
 - d. The Defendant is currently incarcerated or was incarcerated at _____ from _____ to _____;
 - e. The Defendant is not employable as a result of a disability, as determined by an examination which must be acceptable to the court. *A copy of the medical examination is attached;*
 - f. The Defendant is responsible for the support of dependants, and the payment of a supervision fee constitutes an undue hardship upon the offender. List in detail the name, age, relationship, and income of each dependant;
 - g. The Defendant is participating in an in-patient treatment program. *Attach proof of admission and duration;* and
 - h. Due to the following extenuating circumstances *(describe in detail)*;

(Attach Additional Pages As Necessary)

VERIFICATION

I, being duly sworn according to law, depose and say that I am the defendant in the within action and that the facts set forth above are true and correct to the best of my knowledge, information and belief.

I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

<i>Date</i>	<i>Name of Defendant</i>	<i>Signature of Defendant</i>
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